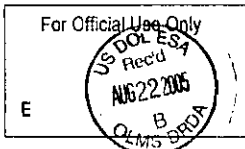


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12784</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ROBERT H PERKO</u> P.O. Box, Bldg., Room No., if any Street <u>8783 WOODWIND CT</u> City <u>BROADVIEW HTS</u> State <u>OHIO</u> ZIP Code + 4 <u>44147</u>	4. Name, file number, and address of labor organization. Name <u>OHIO VICTIMITY REGIONAL COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>642-227</u> P.O. Box, Building and Room Number, if any Street <u>3615 CHESTER AVE</u> City <u>CLEVELAND OHIO</u> State <u>OHIO</u> ZIP Code + 4 <u>44114</u>
5. Position in labor organization. <u>BUSINESS MGR</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>See Attached</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert H Perko

On

8/10/05

Date

216-391-2828

Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any):

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name: Robert H. Pinker
 File No.: U-_____

2004 LM-30

Supplementary Schedule

	Date of Event	Category	Description of Event	Name & Address of Employer	Nature of Relationship to Employer	Estimated Dollar Value	Comment
1	11/29/05	B	TRAVEL EXPENSES	CARPENTERS Hospitalization Fund 3611 CHESTER AVE. CLEVELAND OH. 44114	COVERING UNION MEMBERS	\$3,006.47	REIMBURSEMENT OF EXPENSES INCURRED AS TRUSTEE
2	12/15/05	A	GIFT BASKET	ACME ARSENA 1333 HIGHLAND RD. Macedonia OH. 44056	UNION REPRESENTS THE EMPLOYERS EMPLOYEES	\$50.00	VALUE IS AN ESTIMATE
3							
4							
5							
6							
7							
8							
9							
10							